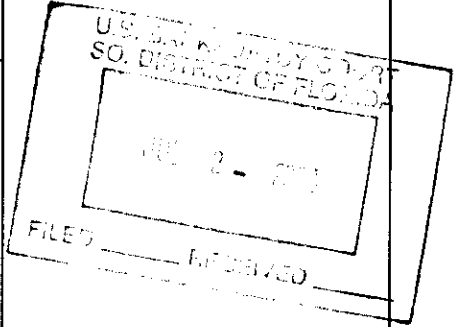


UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA

www.flsb.uscourts.gov

PROOF OF CLAIM

| | | | |
|--|---|---|---|
| Name of Debtor Teleking Communications | | Case Number 04-14447 | THIS SPACE IS FOR COURT USE ONLY  |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B)) | | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property): John T + Connie J Nolan | | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | |
| Name and Address where notices should be sent: Frank B. Perry, Esq 346 Old County Road Ringgold, GA 30736 | | | |
| Telephone Number: 706-965-8639 | | | |
| Account or other number by which creditor identifies debtor: (If SS# only list last 4 digits of SS#): | | Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____ | |
| 1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other Consumer Fraud | | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: xxx-xx- Unpaid compensation for services performed from _____ to _____ (date) (date) | |
| 2. Date debt was incurred: | | 3. If court judgment, date obtained: | |
| 4. Total Amount of Claim at Time Case Filed: \$ 11,950.00 + _____ + _____ = 0.00 (Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total) Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | | |
| 5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____ | | 7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment. | |
| 6. Unsecured Nonpriority Claim \$ 11,950.00 <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. | | | |
| 8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages. (See reverse for instructions) 10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims. | | This Space is for Court Use Only 587 | |
| Date: 7-23-04 | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Frank B. Perry, Attorney | | |
| Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 1592 and 3571. | | | |

ID# 004061

County Johnson / Linn



THE KING OF PHONE CARDS

TELE KING PURCHASE ORDER

11900 Discayne Blvd., Suite 620, Miami, FL 33181

Phone: 305-891-0511 • Fax 305-891-0512

Toll Free: 1-866-444-4112 • Toll Free Fax: 1-866-444-4115

Purchaser's Name Connie Nolan Date 7-18-02

Purchaser's Address 22 E. Court St

City Iowa City State IA Zip 52240

Home Phone 319-351-6218 Business Phone 319-351-0222

No. of Displays to ship: 6

Face Value of Phone Cards to ship: \$ 2500.00

Purchase Price of Displays \$ 11950

Purchase Price of Prepaid Calling Cards \$ -nc-

Total \$ 11950

Bonus ALL TAXES, s/h \$ -nc-

Amount Paid \$ 11950

Special Provisions _____

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds that this sale is subject to the terms on the reverse of this Purchase Order.

ACCEPTED AND APPROVED

BY: _____

SELLER

BY: Connie Nolan

BUYER



No. 508710500

93-541
920

DATE: JULY 19, 2002

SIX THOUSAND DOLLARS AND 00 CENTS

PAY

TO THE
ORDER OF: TELE-KING

PURPOSE/REMITTER: CONSTANCE J. NOLAN

OFFICIAL CHECK

Location: 2539297
Issued By Traveler's Express Company, Inc
Drawee First Interstate Bank Helena, MT

memo: #004061

Drawer: USBank
420

Michael Meyer
AUTHORIZED SIGNATURE



⑈ 508710500 ⑈ ⑆ 09200541 ⑆ ⑆ 0160010698282 ⑈

JOHN T. NOLAN
22 E. COURT ST
IOWA CITY, IA 52240

4984

72-2162/733

Pay to the Order of Tele King Date July 19, 2002
Five thousand nine hundred and fifty dollars and 00/100 Dollars \$ 5,950.00

ISB IOWA STATE BANK
& TRUST COMPANY
P.O. Box 1700, Iowa City, IA 52244-1700

For 10#004061

⑈ 004984 ⑈ ⑆ 073921621 ⑈ ⑆ 1634100 ⑈

John T. Nolan